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ABSTRACT

This document presents data on three studies requested by Virginia State Senate Joint Resolution No. 148 and carried out by the Virginia Department of Mental Health and Mental Retardation in cooperation with other agencies. The three studies included in the report are: (1) an assessment of the appropriateness of housing young adults (ages 18-22) with chronically disturbed adults for treatment and educational services; (2) a study in cooperation with the Department of Education, to ascertain the actual average cost to the school divisions for educating children who are residing in state mental health and mental retardation facilities and who have been identified as appropriately placed in public schools; and (3) a study of the educational environments in state facilities used for school-aged residents in order to identify and estimate the costs of rectifying any safety hazards and physical barriers in the training centers and the renovations or other capital outlays required to approximate normal classrooms in both the mental health and mental retardation facilities. Issues and recommendations are discussed for each study. Also included in the report are an executive summary, background information, and an appendix, "An Analysis of Factors Which Distinguish Child-Adolescent Residents from Adult Residents in State Psychiatric Facilities." (NB)

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REPORT OF THE
MENTAL HEALTH AND
MENTAL RETARDATION ON

Educational Programming in Mental Health/Retardation Facilities

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

Senate Document No. 7

COMMONWEALTH OF VIRGINIA
RICHMOND
1986

CG 0194466

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SENATE JOINT RESOLUTION NO. 148

Requesting the Department of Mental Health and Mental Retardation to Conduct Certain Studies in Cooperation with Other Agencies

Agreed to by the Senate, February 4, 1985
Agreed to by the House of Delegates, February 20, 1985

WHEREAS, the Joint Legislative Audit and Review Commission has conducted a two-year study of the education and training programs provided in the state mental health and mental retardation facilities; and

WHEREAS, during the course of this study, safety hazards, physical barriers, and necessary renovations were identified; and

WHEREAS, this study also made note of the need to assess the appropriateness of housing young adults with chronically disturbed adults and the need to ascertain the actual cost of educating children who are residents of Mental Health and Mental Retardation facilities in the public schools; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Mental Health and Mental Retardation is hereby requested to conduct the following studies with the assistance of other agencies:

1. A study of the educational environments in state facilities used for school-age residents to identify and estimate the costs of rectifying (i) any safety hazards and physical barriers in the training centers and (ii) the renovations or other capital outlays required to approximate "normal" classrooms in both the mental health and the mental retardation facilities as closely as reasonably possible. In conducting this study, the Department shall pay particular attention to the needs of Dejarnette Center, Central State Hospital and Central Virginia Training Center. The Department of General Services and other agencies of the Commonwealth shall provide assistance to the Department of Mental Health and Mental Retardation in this study as requested.

2. An assessment of the appropriateness of housing young adults with chronically disturbed adults.

3. A study in cooperation with the Department of Education, to ascertain the actual average cost to the school divisions for educating children who are residing in state mental health and mental retardation facilities and have been identified as appropriately placed in the public schools.

The Department is further requested to complete these studies and submit reports to the House Committee on Appropriations and the Senate Committee on Finance by December 1, 1985.

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EXECUTIVE SUMMARY

As requested in Senate Joint Resolution 148, the Department of Mental Health and Mental Retardation has completed the following studies in cooperation with other agencies:

1. A Study of the Housing of Young Adults in State Mental Health Facilities. The purpose of the study was to determine if it is appropriate to house young adults (age 18-22) with older patients within the child-adolescent units in the large State mental health facilities. The Department conducted an Assessment and Analysis of Factors Which Distinguish Young Adult Residents from Older Adult Residents in those state psychiatric facilities. This analysis supported the conclusions that young adults and older adult populations have different patient behavior characteristics. However, these characteristics are but one factor to be considered in placement of young adults. Other factors such as specialized needs or level of treatment (i.e., acute, intermediate, or long term) are also to be considered in the placement decision.

   The Study supports the present policy of the Department which is that patient placement within the facility is the responsibility of the facility director based on the overall treatment needs of the client. The responsibility of providing educational services is shared by the hospital director and the director of special education within that facility. Generally, it is agreed that separate housing of all young adults based on educational needs does not seem appropriate since a relatively small number of adults participate in educational programs.

2. A Study of the Cost to School Divisions Educating Facility Children in the Least Restrictive Environment. The purpose of this study was to determine the actual cost to school divisions educating children who are residing in State mental health and mental retardation facilities and have been identified as appropriate for educational placement in the public schools. The Department conducted an analysis of the data reported by local school divisions to the Department of Education as estimated expenditures for special education programs. Data from the Department of Mental Health and Mental Retardation represented actual costs of least restrictive environment payments to local school for FY 1984-85. (1) The results of the analysis show that the costs and payments

to local school divisions to educate Department of Mental Health and Mental Retardation students in the least restrictive environment are reasonably comparable throughout the State. (?) The five school divisions should send in annual financial reports to the Department of Education and the Department of Mental Health and Mental Retardation to reflect actual education costs. (3) Periodic audits should be conducted by both Departments to verify Least Restrictive Environment costs and their comparability to the contract negotiated rates.

3. A Study of the Education Environments in State Facilities Used for School-Age Residents. This study reviewed the physical space requirement needs in order to provide adequate education programs in the State mental health facilities housing child and adolescent units. The conclusion is that there presently are adequate funds to complete the necessary renovations at Central State Hospital, DeJarnette Center and Central Virginia Training Center. With the completion of these projects, educational programs will operate with adequate space free of safety hazards and physical barriers.

BACKGROUND

During the 1985 Legislative Session, Senate Joint Resolution 148 was passed. This Resolution was proposed and adopted as a result of the study of the Joint Legislative Audit and Review Commission entitled, "Special Education in Virginia's Mental Health and Mental Retardation Facilities". This Report, Senate Document No. 4, 1985, resulted from a two-year study of the educational programs in the mental health and mental retardation facilities.

The following studies were conducted by the Department of Mental Health and Mental Retardation in cooperation with the Department of Education.

1. An assessment of the appropriateness of housing young adults with chronically disturbed adults to determine the appropriateness of housing young adults (age 18-22) with older adults for treatment and educational services.

2. A study in cooperation with the Department of Education, to ascertain the actual average cost to the school divisions for educating children who are residing in State

mental health and mental retardation facilities and have been identified as appropriately placed in public schools.

3. A study of the educational environments in State facilities used for school-age residents in order to identify and estimate the costs of rectifying any safety hazards and physical barriers in the Training Centers and the renovations or other capital outlays required to approximate "normal" classrooms, as closely as reasonably possible in both the mental health and mental retardation facilities. The Department was further directed to pay particular attention to the needs of Dejarnette Center, Central State Hospital, and Central Virginia Training Center.

The following reports contain a statement of issues and recommendations that correspond to the requests set forth in Senate Joint Resolution 148.

A STUDY OF THE HOUSING NEEDS OF YOUNG ADULTS IN STATE MENTAL HEALTH FACILITIES IN RESPONSE TO SENATE JOINT RESOLUTION 148

Background

Senate Joint Resolution No. 148, which was passed by the 1985 General Assembly, requested that a study be conducted by the Department of Mental Health and Mental Retardation to assess the appropriateness of housing young adults (18-21) with chronically disturbed adults in state mental health facilities. This resolution was proposed and adopted as a result of the study of the Joint Legislative Audit and Review Commission entitled **Special Education in Virginia's Mental Health Facilities.** This report, Senate Document No. 4, 1985, resulted from a two-year study of the educational programs in the mental health and mental retardation facilities. The Report identified issues and listed recommendations. Among these recommendations was that the policy on placement of emotionally disturbed young adults for treatment and educational services be reviewed. The recommendation was based on the concern that the young adult (18-21) who becomes a patient in a state mental health facility may have treatment needs that differ from the older adult to the extent that it would be detrimental to house these two groups of patients together.

The Department of Mental Health and Mental Retardation operates four large mental health facilities--Eastern State, Central State, Western State, and Southwestern State Hospitals. Each facility provides treatment services to adults age 18-64. The JLARC Study distinguished between the young adults ages 18-21 who are entitled by public law to educational services from the 22-64 age group for which educational services are not mandated by federal law or Virginia statute.

The Department conducted a formal study in response to this resolution to determine the need for separation of young adults on the basis of age. The study was designed to determine if patient characteristics of the older adult residents and younger adult residents were dissimilar to the extent that separate housing was required. Data utilized in the study were taken from a statewide assessment of Virginia adult mental health facility population, which was conducted in January 1985.

Method

The study used a standardized assessment instrument known as the Community Level of Care (CLOC) form. The CLOC was designed to assess a psychiatric patient's level of functioning in terms of their physical care needs, degree of psychological impairment, and higher order/independent living skills, as well as the degree of risk they pose in terms of violent/aggressive or problematic behavior. The actual assessments were conducted by professional staff at each of the facilities who had "close and direct contact with the person being rated" so that the rater was familiar with the patient's typical level of functioning. The CLOC assessment was completed on a total of 1984 patients.

The study was conducted on two levels. The first level of the study determined those factors which distinguished older adult residents from the young adults. The residents were placed in two groups, those young adults from 18-21 and those from 22-35 (older adults). The results indicate that, when compared to older adult residents, younger residents may be characterized as having a higher risk of violent/aggressive behavior, a lower degree of impairment from a major thought disorder, and a lower degree of medical problems. A second analysis was conducted in an attempt to identify more specific aspects of patient functioning that may distinguish adult from young adult residents.

The results of the second study indicate that self-injurious behavior and assaultive behavior occurred more frequently for younger adults. However, the older adults showed a higher frequency of depression and paranoia. In summary, the younger adults more frequently and more recently exhibited assaultive and self-injurious behavior but less frequently exhibit paranoia and depression than did their adult counterparts.

Discussion

The results of the study do show that the young adult and older adult populations have different patient behavior characteristics. These basic differences would indicate that age differences between younger and older adults are one factor to be considered in placement within the mental health facility. In instances where differences are manifest between these major populations, younger adults who are behaviorally aggressive may need to be placed within a specific unit separated from less aggressive older adult patients.

However, factors other than age may take precedence in institutional placement. These factors include need for specialized services (i.e., autistic, dually diagnosed) or varying service intensities (i.e., acute intermediate, or long-term) treatment. In such cases, the young adult may need to be served with older patients because of a common need for specialized services or a given intensity of service need.

Because of the need to place patients in treatment at various intensity levels or within specialized levels, age is not always the primary consideration in hospital placement. However, in facilities where a substantial population of younger adults have treatment needs that are homogeneous and where these young adults can best benefit from services by being housed and treated separately, the facility director should seek to provide separate housing. If such need exists for separation by age group based on common treatment care and service needs, the facility director has the responsibility to provide separate housing.

Each state mental health facility provides educational programs to all patients up to the age of 18. The decision to take part in the educational program is an optional decision for those patients between 18 and 21 years of age, and a segment of these patients participate. Older adults do not participate in these programs. That being the case, these younger patients are drawn from a variety of programs for educational services. These programs can be administered in a centralized location or on units as appropriate in a given facility. Since many young adults do not participate in these educational programs, educational needs alone do not provide an overriding rationale for age-segregated housing as long as access to the educational services and facilities is assured.

Conclusion

In response to the questions of the housing of young adults so posed in SJR 148, it is the recommendation of the Department of Mental Health and Mental Retardation that it continue to operate under present policy. That policy makes the placement of a patient the decision of the facility director based on overall treatment needs of the client. Furthermore, the facility director and the director of the hospital's special education program should continue to ensure that those younger adults desiring education be assured access to such services within the facility.

APPENDIX A

AN ANALYSIS OF FACTORS WHICH DISTINGUISH CHILD/ADOLESCENT RESIDENTS FROM ADULT RESIDENTS IN STATE PSYCHIATRIC FACILITIES

The following study was conducted in order to identify what patient characteristics distinguish adult residents from adolescent residents of adult psychiatric facilities. This issue was addressed through a secondary analysis of data collected for a statewide assessment of Virginia's adult, mental health facility population.

Method

The assessment of Virginia's adult, mental health facility residents was conducted in January 1985, using a standardized assessment instrument known as the Community Level of Care (CLOC) form. The CLOC was designed to assess a psychiatric patient's level of functioning in terms of their physical care needs, degree of psychological impairment, and higher order/independent living skills, as well as the degree of risk they pose in terms of violent/aggressive or problematic behavior. The actual assessments were conducted by professional staff at each of the facilities who had "close and direct contact with the person being rated" so that the rater was familiar with the patient's typical level of functioning. The CLOC assessment was completed on a total of 1984 residents.

In order to determine those factors that distinguish adult residents from adolescent residents, a discriminant analysis was conducted. This method of analysis allows one to identify those variables (e.g., patient characteristics) on which two or more groups of cases (e.g., adults and adolescents) are most different.[1] Twenty-five scales reflecting different dimensions of the

[1] A step-wide discriminant analysis was conducted with the minimum/maximum probability level of an F-to-enter and f-to-remove set at .05.

resident's level of functioning and one scale representing the patient's degree of risk (i.e., violent/aggressive behavior) were entered as discriminating variables into the analysis. The criterion variable was resident's age, with the residents placed into two groups: those 21 years of age and younger (n = 115) and those 22 to 35 years of age (n = 809). The 22 to 35 year old patients were selected as a comparison group for the adolescents because the adolescents were most likely to be mixed in with these patients within the hospital.

Through the discriminant analysis, three CLOC scales were identified that discriminating between the adult and adolescent residents. These scales reflected the risk of violent/aggressive behavior, the degree of impairment from a major thought disorder, and the degree of medical problems. The results indicate that, when compared to adult residents, adolescent residents may be characterized by having a higher risk of violent/aggressive behavior (the mean scale scores were 3.3 for adolescents and 2.8 for adults), a lower degree of impairment from a major thought disorder (the mean scale scores were 1.5 for adolescents and 2.8 for adults), and a lower degree of medical problems (the mean scale scores were 1.4 for adolescents and 1.6 for adults).

A second discriminant analysis was conducted in an attempt to identify more specific aspects of patient functioning that may distinguish adult from adolescent residents. For this analysis, the two groups were defined as before, but 26 discreet variables (as opposed to scales) were entered into the analysis as discriminating variables. These discriminating variables were related to such dimensions of patient behavior/functioning as: (2) the frequency and recency of observed violent/aggressive behavior (e.g., attempted suicide, physical assault, setting fires, and destroyed property); (2) the frequency with which certain psychological symptomatology are exhibited (e.g., depression, anxiety, hallucinations, and paranoia); (3) the amount of assistance the patient would need to refrain from anti-social/dangerous behavior (e.g., damaging property, assaultive behavior, and self-injurious behavior).

Through this second discriminant analysis, four variables were identified that discriminated between the adult and adolescent residents. The results also supported the results of the first discriminant analysis. Included in the four variables that discriminated between the two groups were two variables related to the frequency and recency of violent/aggressive behavior and two

variables related to the frequency with which the resident exhibited psychological symptomatology. The results indicated that the adolescent group had a lower frequency/recency score (scored such that a lower score indicated that the behavior occurred more frequency and more recently) for self-injurious behavior (the mean scores were 4.7 for adolescents and 5.1 for adults) and assaultive behavior (the mean scores were 4.7 for adolescents and 5.1 for adults). For psychological symptomatology (scored such that a higher score indicated lower frequency), the results indicated less frequency of depression (mean scores were 2.8 for adolescents and 2.5 for adults) and paranoia for the adolescent group (mean scores were 2.8 for adolescents and 2.5 for adults).

In summary, the results of the second discriminant analysis revealed that adolescent residents of psychiatric facilities more frequency and recently exhibited assaultive and self-injurious behavior but less frequency exhibited paranoia and depression than did their adult counterparts.

A STUDY OF THE COST TO SCHOOL DIVISIONS EDUCATING FACILITY CHILDREN IN LEAST RESTRICTIVE ENVIRONMENT IN RESPONSE TO SENATE JOINT RESOLUTION 148

Background

Senate Joint Resolution No. 148, which was passed by the 1985 General Assembly, requested that a study be conducted by the Department of Mental Health and Mental Retardation to assess the appropriateness of housing young adults (18-21) with chronically disturbed adults in state mental health facilities. This resolution was proposed and adopted as a result of the study of the Joint Legislative Audit and Review Commission entitled **Special Education in Virginia's Mental Health Facilities.** This report, Senate Document No. 4, 1985, resulted from a two-year study of the educational programs in the mental health and mental retardation facilities. The Report identified issues and listed recommendations. Among these recommendations was that a realistic assessment of the costs of placing mentally retarded students in public schools should be completed to determine if the costs exceed those currently reimbursed. The results of the study would determine whether the General Assembly would wish to increase the least restrictive environment (LRE) fund or consider establishing a special incentive fund for this purpose. The recommendation was based on the efforts of the Department of Education and the Department of Mental Health and Mental Retardation to place eligible mentally retarded students from Central Virginia Training Center and Southside Virginia Training Center in local public schools, in accord with federal and state law and policy.

The Department of Mental Health and Mental Retardation operates five state training centers --Central Virginia Training Center, Northern Virginia Training Center, Southeastern Virginia Training Center, Southside Virginia Training Center, and Southwestern Virginia Training Center. Each training center provides special education programs for school-age residents ages 2 through 21 years. The JLARC study noted the differences in educational costs among the three local school divisions accepting training center residents in local education programs.

Data Collection and Discussion

The Department, in cooperation with the Department of Education, utilized 1984-1985 Financial Planning Reports for Special Education obtained from the five local school divisions where the training centers are located. The data reported by each school division was reported by each school division as estimated expenditures for special education programs for either multi-handicapped or severe/profound handicapped children, and therefore has not been subject to any on-site verification by the Department of Education or the Department of Mental Health and Mental Retardation staff. The data represents the best available current (1984-1985) information from the Department of Education. The Department of Education also provided the unduplicated number of pupils reported by each of the five school divisions as receiving special education on December 1, 1984, in the categorical areas of multi-handicapped (MH) or severe/profound (S/P). The data from the Department of Mental Health and Mental Retardation represents actual costs of LRE payments for FY 1984-1985. The Department of Mental Health and Mental Retardation payments are based upon negotiated rates with each local school division. The negotiated rate is developed between the local school division, state mental retardation training center, and the Department's Director of Mental Retardation Children and Youth Services. The rates vary and may be on per diem/per pupil basis, or on an annualized fixed rate.

The contract between Northern Virginia Training Center and Fairfax County Public School Division is a continuation of the original contract for the local school division to provide all education, both on the training center grounds as well as in the public school system, for training center residents. This is the only mental retardation facility where the local school division operates the total education program for the center.

The Department of Education data was based upon reports submitted annually from the local school division to the Department of Education. These reports show the number of students educated by handicapping condition, number of professional personnel, costs related to personnel, contracts, travel, instruction materials, equipment, private school tuition, and transportation. The report does not show any indirect costs for local administrative staff or any capital fixed costs. The Department of Mental Health and Mental Retardation placements have been absorbed within existing classroom space and operating capacities at the various local school divisions. Other special variables are explained in the footnotes on Schedule A.

Conclusions

Based upon an analysis of the Department of Mental Health and Mental Retardation payments and local school division financial planning report data, it appears that the cost and the payments are reasonable comparative, with the exceptions of Amherst County where the costs related to Laurel Regional School and with Fairfax County where private tuition payments were included in the total costs. These costs should not be attributed to MH/MR students. Actual on-site audits of the costs data provided by the local school divisions have not been verified by the Department of Education or the Department of Mental Health and Mental Retardation.

Recommendations

Given the comparability of the Department of Mental Health and Mental Retardation and local school division financial data, it is recommended that the existing practice of annual contract rate negotiations between mental retardation training centers, local school divisions, and the Department of Mental Health and Mental Retardation staff continue.

It is also recommended that annual financial reports be submitted by the local school divisions to the Department of Mental Health and Mental Retardation and the Department of Education to reflect actual costs of special education services and to account for these costs by the various types of handicapping conditions.

It is further recommended that periodic audits of the local school divisions final cost data be conducted jointly by the Department of Mental Health and Mental Retardation and Department of Education staff to verify costs as comparable to contract-negotiated rates. These audits would serve as a basis for resolving any rate discrepancies and assist in future equitable determination of annual payments from the Department of Mental Health and Mental Retardation to the local school divisions.

Schedule A

Analysis of Special Education Costs
for Department of Mental Health and Mental Retardation Students
Enrolled in Local School Division
Fiscal Year 1984-85

School System/Facility	DMH/MR Contract Cost: Total Payment FY 85[1]	DMH/MR Contract Cost: Students	DMH/MR Contract Cost: Annualized Cost Per Student	Local School Division Cost[2]: Annual Average Cost Per Pupil
Amherst County/Central VA Training Ctr.	$ 1,428	1	$ 3,427	$ 7,881[3]
Fairfax County/Northern VA Training Ctr.	$943,214	93	$10,142	$11,395[4]
Carroll County/Southwestern VA Tr. Ctr.	$ 73,129	15	$ 4,875	$ 4,729[5]
Chesapeake/Southeastern VA Training Ctr.	$ 32,380	10	$ 3,600	$ 4,436[6]

(1) Department of Mental Health and Mental Retardation (DMH/MR) costs are based upon actual contract payments by MH/MR to Local School Divisions for days student actually attended class. Amherst cost represents payment for 1 student enrolled only 75 days in FY 1985 at $19.04 per day. Chesapeake payments were on a per slot basis rather than per day. However, all slots were not filled throughout the year.

(2) Department of Education (DOE) costs are the actual local, all inclusive costs for special education and are based upon Financial Planning Reports for Special Education as submitted to DOE by each Local School Division. Cost and data have not been audited or verified by DOE staff.

(3) Amherst local costs are based upon average tuition cost for Laurel Regional School.

(4) Fairfax local costs includes $412,006 in private school tuition which accounts for higher overall per pupil cost than cost per pupil in public system.

(5) Carroll County participates in regional multi-handicapped program but actual cost per pupil not available from Financial Planning Report. Data used are based upon special education costs in Carroll County for trainable mentally retarded students. Impact on smaller school systems absorbing training center students represents higher per pupil costs.

(6) Chesapeake costs are based upon trainable mentally retarded cost from Financial Planning Report provided by the Department of Education.

A STUDY OF THE EDUCATIONAL ENVIRONMENTS FOR SCHOOL-AGE CHILDREN IN THE STATE MENTAL HEALTH AND MENTAL RETARDATION FACILITIES IN RESPONSE TO SENATE JOINT RESOLUTION 148

Background

The General Assembly, during its 1985 session, passed Senate Joint Resolution 148 which requested that the Department of Mental Health and Mental Retardation conduct several studies, one of which was to address the educational environments in state facilities used for school-age residents in order to identify and estimate the costs of rectifying any safety hazards and physical barriers in the training centers and the renovations or other capital outlays required to approximate "normal" classrooms as closely as reasonably possible in both the mental health and mental retardation facilities. The Department was further directed to pay particular attention to the needs of Dejarnette Center, Central State Hospital, and Central Virginia Training Center when conducting its study. Senate Joint Resolution 148 was proposed and adopted as a result of Senate Document 4, 1985, which was a report of parallel studies conducted by the Joint Legislative Audit and Review Commission over a two-year period of the educational programs in the mental health and mental retardation facilities. These studies identified what were felt to be certain inadequacies in the physical plans and set forth some recommendations for their alleviation.

Discussion

Discrepancies do exist within several of our facilities in the area of handicap accessibility. An amount of $2,087,825 has been requested in the FY 1986-1988 Biennium which will address the handicap accessibility needs of the facilities. In addition, safety hazards identified to date at Southeastern Virginia Training Center and Southwestern Virginia Training Center related to fire protection requirements are being implemented. Identified fire protection requirements at the remaining training centers are essentially complete. Like requirements at other Department of Mental Health and Mental Retardation facilities will be included in appropriate fund requests.

The educational facilities of the mental health and mental retardation facilities are considered adequate at the majority of the facilities. Those identified deficiencies to date, requiring correction, are as follows:

1) A need has been identified to air condition Building 114 at Central State Hospital. An additional requirement of $1.5 million has been identified for renovation of living and classroom spaces in Building 114 if the north and south campuses are consolidated.

2) The need for additional space for classroom and physical education facilities at Dejarnette Center are outlined below.

3) Minor renovation and modifications of existing spaces are required at Central Virginia Training Center for classroom purposes.

Detailed information, with emphasis on those facilities mentioned in Senate Joint Resolution 148, are addressed below.

Eastern State Hospital

It is worthy of note that Eastern State Hospital completed required Life Safety Code and Handicapped Accessibility work in classroom and living areas in May 1984, as part of the renovation of Building 10 into a classroom unit. The facility is now in the process of upgrading the lighting to classroom standards. Recent completion of this work satisfies all identified requirements for the classroom environment at Eastern State Hospital.

Central State Hospital

As a result of the decline in the number of students, it was decided in 1982 to consolidate the adolescent living and classroom areas in Building 114. An in-progress Life Safety Code project in Building 114 was accordingly modified to include air conditioning of only the proposed living areas on the upper level with planned utilization of residual 1984-86 project funds in the amount of $327,000, which were inadvertently reverted on June 30, 1985. Efforts are now underway to retrieve these funds. Funds in the amount of $709,900 of the total of $2,087,825 requested for

all the Department of Mental Health and Mental retardation facilities for accomplishment of handicapped access requirements has been requested in the FY 1986-1988 Biennium.

It should be noted that additional funds in the total amount of $1,500,000 will be required to completely renovate Building 114. This should be part of any state capital outlay work accomplished as part of future possible consolidation of Southside Virginia Training Center on the south campus.

It should also be noted that Central State Hospital has, in an effort to minimize costly duplication, in recent years utilized various community resources in its physical education program. These resources have included the YMCA, the City of Petersburg swimming pool, and the Virginia State University swimming pool as well as recreational areas on site.

Dejarnette Center

Modification of existing facilities from the initially-designed detoxification and more recent geriatric use has been incrementally accomplished over a multi-year period within limited available funds. These modifications, though limited by the original construction, have obtained enlarged areas which are an improvement but do not approximate "normal" classrooms. Indoor facilities for physical education are extremely limited. Outdoor resources, however, include a full-size track, swimming pool, a tennis court, softball field, and a large, well-equipped play area for the young children. During the winter months, indoor activities are scheduled at the Staunton YMCA.

Funds in the amount of $708,000 of the total $2,087,825 requested for all Department of Mental Health and Mental Retardation facilities have been requested in the FY 1986-1988 Biennium for accomplishment of handicapped access requirements. Further additional space for classroom and physical education is required to accommodate present and projected student requirements. This need will be formalized by submittal of capital outlay project in the FY 1988-1990 Biennium in the amount of approximately $2,000,000 for a combination gymnasium and classroom building.

Central Virginia Training Center

This facility has experienced a steadily declining school-age population with a concurrent shift to more severely handicapped in this age group. This diminishing total space requirement accordingly allows accommodation of current and projected requirements by renovation and modification of existing spaces. It is considered that these modifications can be incrementally accomplished without capital outlay expenditures in the foreseeable future. However, capital outlays funds in the amount of $185,000 of the total requested $2,087,825 in Fy 1986-1988 Biennium for all Department of Mental Health and Mental Retardation facilities is required to correct handicapped access deficiencies.

Conclusion

The Department of Mental Health and Mental Retardation considers that education facilities in both its mental health and mental retardation facilities have significantly improved during the last decade by prudent use of both capital outlay and available Maintenance and Operation funds. However, additional capital outlay funding in the total amount of $4,414,825 is necessary to obtain adequate classroom accommodations at the above-mentioned facilities within a reasonable time frame. The total amount is comprised of the following elements:

(1986-88)	Air conditioning Building 114 at Central State Hospital	$ 327,000
(1986-88)	Access for handicapped individuals	$ 2,087,825
(1988-90)	Gymnasium and classroom building, Dejarnette Center	$ 2,000,000
		$ 4,414,825